

Revision: HCFA-PM-91-4 (BPD)

OMB No.0938

SECTION 3: SERVICES, GENERAL PROVISIONS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: American Samoa

Citation

Part 440

Subpart B

1902(e) 1905(p),

1905(a), 1905(p)

1915, 1920, and

1925 of the Act

3.1 Amount, Duration, and Scope of Services

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1902(a), 1905(p), 1915, 1920, and 1925 of the Act.

ATTACHMENT 3.1-A lists, identifies and describes the Medicaid-eligible services currently being performed on the Territory and specifies all limitations on the amount, duration and scope of those services.

ATTACHMENT 3.1-A

Attachment 3.1-A identifies and describes the medical and remedial services provided to the Medicaid population and specifies all limitations on the amount, duration and scope of those services.

1. **Inpatient hospital services**

Inpatient hospital services means acute inpatient services, other than services in an institution for tuberculosis or mental disease, furnished on island under the direction of a physician or dentist and that include the following room and board and professional services on a continuous 24-hour-a-day basis:

- a) Acute medical
- b) Acute surgical
- c) Acute pediatric
- d) Acute obstetrics/gynecology
- e) Intensive care

These services will be provided in a facility that is licensed or formally approved as a hospital by American Samoa Health Service Regulatory Board and that has a utilization review plan in effect for Medicaid patients and meets the requirements for participation in Medicare. Inpatient hospital services do not include SNF and ICF services furnished by a hospital with a swing-bed approval.

A. Provider Eligibility Requirements

An approved hospital is one which meets all of the following conditions:

1. Licensed as a general hospital by the Territory/State of American Samoa; and
2. Qualified to participate under Title XVIII of the Social Security Act, and has in effect a hospital utilization review plan applicable to all patients who received medical assistance under Title XIX of the Social Security Act (Medicare), and
3. Signed agreement to participate with and abide by the rules and regulations of the American Samoa Medicaid Program.

B. Benefit Limitations/without limitations

Services are provided without limitations.

2. a. **Outpatient hospital services**

Outpatient hospital services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to an outpatient by or under the direction of physician or dentist in an approved general hospital outpatient department.

A. **Provider Eligibility Requirements**

An approved hospital is one which meets all of the following conditions:

1. Licensed as a general hospital by the Territory/State of American Samoa; and
2. Qualified to participate under Title XVIII and has in effect a hospital utilization review plan applicable to all patients who medical assistance under Title XIX of the Social Security Act (Medicare); and
3. Signed agreement to participate with and abide by the rules and regulations of the American Samoa Medicaid Program.

B. **Benefit Limitations**

1. **Covered Services**

- a) General medical clinic
- b) General surgical clinic
- c) Pediatric clinic
- d) Obstetrics/Gynecology clinic
- e) Ear, Nose and throat clinic
- f) Eye clinic
- g) Dental clinic
- h) Emergency Room Service - Emergency hospital services means services necessary to prevent the death or serious impairment of the health of an individual; and services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life of health of the individual even if the hospital does not currently meet the conditions for participation under Medicare; or the definition of inpatient or outpatient hospital services under the American Samoa Medicaid State Plan). Emergency services are provided regardless of immigration status.

- i) Laboratory and diagnostic test
- j) Diagnostic radiology
- k) Medical and surgical supplies
- l) Drugs which are prescribed by physicians and cannot be purchased without a prescription.
- m) Dialysis treatment and related services
- n) hospital-based physician services
- o) Physical, occupational and inhalation therapy
- p) Computed Tomography including head scan and body scan
(Patient/client who needs a head or body scan at LBJ Tropical Medical Center must carry a referral from attending physician.
- q) Diabetes, and related services and supplies.
- r) Care for tuberculosis or lytico (amyotrophic lateral sclerosis) and bodig (Parkinson disease) and related services.

- s) Routine or annual physical examination.
- t) Behavior Health Services - Behavior health services include screening, brief intervention, treatment and prevention related to mental health and substance abuse. Behavior health conditions are treated in a range of settings including primary care at community health clinic, social service program, hospital primary care clinic and mental health clinic where individuals are treated for depression, anxiety and other issues.

These services are provided with no limitations.

2. Not Covered Services

Non-emergency use of Emergency Room.

3. **Other Laboratory and X-ray Services**

The LBJ hospital laboratory provides technical laboratory services on island. Tafuna federally qualified health center operates a mini lab that serves only patients seen at that facility. Tafuna FQHC refers tests that cannot be handled at its mini lab to LBJ Hospital lab Off-island professional and technical laboratory and radiological services are ordered and provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by Territorial/State law. Such services will be provided in an office or similar facility other than in a hospital outpatient department or clinic. They are provided by a laboratory that meets the requirements for participation in Medicare.

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1. Provider Eligibility Requirements

To qualify for participation as a laboratory under American Samoa Medicaid Program, the following requirements must be met:

- a. Approved and licensed as a laboratory by appropriate authority and the Territory of American Samoa; and
- b. Certified as a laboratory under the Title XVIII Medicare Program.

2. Benefit Limitation

a. Covered Services

Laboratory procedures ordered by a physician.

b. Not Covered Services

Services that are not medically necessary as determined by the patient's physician.

4. a Skilled Nursing Facility - Not provided

4. b **Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)**

Early Periodic Screening, Diagnosis and Treatment services are screening and diagnostic services to determine physical or mental defects in patients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered. All medically necessary services are provided to individuals under 21 years of age.

A. Provider Eligibility Requirements

To provide early periodic screening, diagnosis and treatment services, the following providers are qualified:

- (a) All practitioners, physicians, dentists, audiologists, and optometrists licensed by the American Samoa Health Service Regulatory Board.
- (b) Independent clinics and hospitals that have executed a signed agreement with the Medicaid Program.

B. Benefits Limitations

1. Covered Services

a. Screening examination

- b. Immunizations at the screening
- c. Refractive eye examination and eyeglass prescription by an ophthalmologist or optometrist once every two years or when referred by screening.
- d. Hearing test and hearing aid.
- e. Necessary dental care is furnished to children under 21 years of age by the Public Health Dental Clinic and by the school dental program under LBJ Tropical Medical Center.

2. Not Covered Services

Screening of persons twenty-one (21) years old and over.

4. c Family Planning Services - Not provided

5. **Physician Services**

Physician services are services furnished by a physician within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under state law to practice medicine or osteopathy. These services may be provided in the patient's home, physician's office, a hospital, or elsewhere.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid program, a physician must be licensed to practice medicine and surgery in the Territory by American Samoa Health Service Regulatory Board.

B. Benefit Limitation

1. Covered Services

- a) Medical and surgical services
- b) Injections and drugs dispensed by the physician
- c) Services & supplies incidental to physician's services
- d) Kidney dialysis and related services
- e) Medically indicated circumcision.
- f) Diabetes, and related services and supplies
- g) Routine physical examination
- h) Care for tuberculosis

2. Not Covered Services

- a) Cosmetic surgery

- b) Immunization and vaccines readily available free of charge at Community health clinics
- c) Chiropractor's services
- d) Acupuncture

6. Medical or Other Remedial Care provided by licensed practitioners

Medical care or any other type remedial care, other than physician services, will be provided by licensed practitioners within the scope of practice defined under State law.

A. Provider Eligibility Requirements

A participating practitioner, public or private, must meet the following requirements:

- a) clinical psychologist, nurse practitioner, physician assistant, individual or marriage and family therapist certified and licensed by state

B. Benefit Limitations

1. Covered Services

- Mental disorders and psychiatric services for individuals of any age on an outpatient basis for up to 20 sessions.

7. Home Health Services

Home health services are services that will be provided to patients referred off-island from a physician as part of a written plan of care that the physician reviews every 60 days. The services will be provided in the patient's temporary place of residence. Home health services will include the following services and items:

- a. Nursing services, as defined in the state nursing practice act, that are provided on a part-time or intermittent basis by a home health agency that is either a public or private organization that meets the requirements for participation in Medicare.
- b. Home health aide services provided by a home health agency.
- c. Medical supplies, equipment and appliances suitable for use in the patients temporary off-island residence.
- d. Physical therapy services provided by a home health agency or by a facility licensed by the state to provide medical rehabilitation services.

A. Provider Eligibility Requirements

A participating Home Health Agency is a public or private agency or organization which meets the following requirements:

1. Certification as a Home Health Agency under Title XVIII Medicare Program.
2. Approval for participation as a Home Health services provider by the American Samoa Medicaid Program.

B. Benefit Limitation

1. Covered Services

- a. Nursing care when ordered by and included in the attending physician's plan of treatment and provided by or under the direct supervision of a licensed nurse (Registered nurse, licensed practical nurse) on an intermittent or part-time basis.
- b. Personal care services provided by a home health aide under the supervision of a registered nurse when determined medically necessary by the physician as part of the patient's treatment plan.
- c. medical supplies when provided in conjunction with a home care treatment plan.

2. Not Covered Services

- a. medical social services
- b. speech and occupational therapy
- c. home maker services
- d. chore services

Currently, these services are only provided to patients referred off-island when medically necessary.

8. Private Duty Nursing

Off-island nursing services will be provided for patients who are authorized off-island care, and require more individual and continuous care, after hospital inpatient services, than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility. Such services will be provided by a registered nurse or a licensed practical nurse under the direction of the physician to a patient in his temporary off-island residence before the patient is authorized to return to his principal on-island residence by the attending off-island physician and as a less costly alternative to extend inpatient hospital, skilled or intermediate care services.

Currently, this service is not provided on-island.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid program, a private duty nurse must be licensed by American Samoa Health Services Regulatory Board.

B. Benefit Limitations

No limitations

9. **Clinic Services**

Clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. These services are provided under the direction of a licensed professional practitioner. Clinic services include the following services provided to outpatients:

- b. Services furnished at a clinic by or under the direction of a physician or dentist.
- c. Services furnished outside the clinic by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

A. Provider Eligibility Requirements

Each clinic must be individually approved by the American Samoa Health Regulatory Board and the Medicaid Program.

B. Benefit Limitations

Approved clinics may, to the extent of their specialty, provide only medically necessary services which are covered under this Medicaid plan.

10. **Dental Services**

Diagnostic, preventative and corrective procedures will be provided by or under the supervision of a dentist in the practice of his profession who is licensed to practice dentistry or dental surgery. The services will include the treatment of:

- e. Teeth and associated structures of the oral cavity.
- f. Disease, injury or impairment that may affect the oral or general health of the patient.

A. Provider Eligibility Requirements

Any dentist licensed to practice dentistry on American Samoa, who agrees to policies, regulations, and procedures as promulgated by the American Samoa Program, and signs a provider agreement, is eligible to participate in the dental care aspects of the American Samoa Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a) Dental services necessary for relief of pain and infection.
- b) Restoration of teeth and maintenance of dental health
- c) Medically Necessary situation as determined by the patient's dentist.

11.a Physical Therapy

Physical Therapy services are provided in accordance with 42 CFR 440.110. The services are provided under the direction of a qualified physical therapist who is a graduate of a program of physical therapy approved by both the Council of Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent and is licensed by the Territory of American Samoa.

A. Provider Eligibility Requirements

Any Physical therapist licensed by American Samoa Health Service Regulatory Board to practice in American Samoa, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is qualified to participate in the program.

B. Benefit Limitations

These services are provided only for inpatient and outpatient hospital at LBJ Tropical Medical Center..

11. b. Occupational therapy

Occupational therapy services prescribed by a physician will be provided by or under the direction of a qualified occupational therapist, including the necessary supplies and equipment, who is a graduate of a program of occupational therapy approved by both the Council on Medical Education of the American Medical Association, engaged in the supplemental Occupational Therapists Association and is registered by the latter. The services will be provided in accordance with 42 CFR 440.110.

A. Provider Eligibility Requirements

Any occupational therapist licensed by American Samoa Health Service Regulatory Board to practice in American Samoa, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is qualified to participate in the program.

B. Benefit Limitations

These services will be provided only for inpatient and outpatient hospital at LBJ Tropical Medical Center.

11. c **Speech Therapy & Audio logy Services**

Services for patients with speech, hearing and language disorders will be provided by or under the direction of a speech pathologist or audiologist for patients referred by a physician and will include the necessary supplies and equipment. The speech pathologist or audiologist will have a certificate of clinical competence from the American Speech and Hearing Association, will have completed the equivalent educational requirements and work experience for the certificate or will have completed the academic program and is acquiring supervised work experience to qualify for the certificate. The services will be provided in accordance with 42 CFR 440.110.

A. Provider Eligibility Requirements

Any speech pathologist or audiologist licensed to practice speech therapy and/or audio logy on American Samoa, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

B. Benefit Limitations

These services will be provided only for inpatient and outpatient hospital at LBJ Tropical Medical Center.

Covered Services:

- a. Diagnostic speech evaluation
- b. Diagnostic audio logical evaluation
- c. Hearing evaluation and hearing aid.

12. **Prescribed Drugs, Dentures, Prosthetic Devices and Eyeglasses**

12. a. Prescribed Drugs

Prescribed drugs means simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are-

- 1) Prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice in accordance with the State Medical Practice Act; and

- 2) Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and
- 3) Dispensed by the licensed pharmacist or practitioner on a written or electronic prescription that is recorded and maintained in the pharmacist's or practitioner's records.

A. Provider Eligibility Requirements

Pharmacies licensed to operate on American Samoa may be eligible to participate in the Territory's Medicaid Program provided they abide by all policies and procedures, have a licensed pharmacist on board, and have signed an agreement with the Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Drugs which are included in the American Samoa Medicaid Drug Formulary. The prescription must be dispensed by a licensed pharmacist.
- b. prenatal vitamin/mineral supplements.

2. Not Covered Services

- a. Experimental drugs.
- b. Food supplements, infant formula and therapeutic diets.
- c. Over-the-counter drugs except for drugs included in the Medicare Drug Formulary for special reasons.

12. b. Dentures

Dentures are artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.

These services are provided without limitations.

12. c. Prosthetic Devices

Prosthetic Devices means replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law to—

- 1) Artificially replace a missing portion of the body;
- 2) Prevent or correct physical deformity or malfunction; or
- 3) Support a weak or deformed portion of the body.

This service is provided only for cardiac artificial valve, pace makers, and intra ocular lens for cataract patients.

12. d. Eyeglasses means lenses, including frames and other aids to vision prescribed by a physician skilled in diseases of the eye (ophthalmologist) or by an optometrist; whichever patient may select, to improve vision.

A. Benefit Limitations

1. Covered Services

- a. Eyeglasses limited to one pair every two (2) years.
- b. Repair or replacement of broken eyeglasses limited to once every two (2) years.

2. Not Covered Services

- a. Eyeglasses with correction of below plus or minus (+ or -) .50 diopters or 10 cylinder axis.
- b. contact lenses
- c. Sunglasses

13. Diagnostic, Screening, Preventive and Rehabilitative Services

13. a. Diagnostic Services

Diagnostic Services, except as otherwise provided under this plan includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in a patient.

These services are performed only when deemed medically necessary by the patient's physician.

13. b. Screening Services

Screening Services means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more particular diseases or health deviations or to identify for more definitive studies individuals suspected of having certain disease.

13. c. Preventive Services

Preventive Services means services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to-

- (1) Prevent diseases, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency.

A. Benefit Limitations

1. Covered Services

a. Pelvic Examination

Pelvic examination means a preventive/screening examination performed by a physician and associated laboratory test, furnished to a woman of childbearing age without signs or symptoms for the purpose of early detection of cervical cancer or other abnormalities and includes the physician's interpretation of the results of the procedure.

The following limitations apply to coverage:

- 1) For female 16 years of age and above, one pelvic exam every 36 month;
- 2) For female 16 and over with a history and/or family history of cervical cancer, transmitted diseases and/or other high risk factors, pelvic examination may be provided more frequent than 36 months subject to justification from a physician.

b. Screening Mammography

Screening mammography means a radiological procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure.

The following limitations apply to coverage:

- (1) The service must be, at a minimum, a two-view exposure (that is, a crania-caudal and a medial lateral oblique view) of each breast.

- (2) For women 35-39 years of age, one baseline mammogram;
- (3) For women 40-49 years of age, one mammogram every two years;
- (4) For women 50 years of age or older, one mammogram every twelve months;
- (5) For women age 40 and over with a history and/or family history of breast cancer, one mammogram every twelve months.

c. Pap Smear

Once every 12 months or every 3 years after 3 consecutive satisfactory normal or negative pap smear for female age 16 and over.

d. Tobacco-Use Cessation

Provider Eligible Requirements: Public Health licensed providers practicing within their scope of practice to provide tobacco counseling services to eligible individuals.

Benefit Limitations: Provide counseling and medication coverage for at least two cessation attempts per year.

- i. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.

14. Intermediate care facility (ICF/MR) services---not provided

15. Inpatient psychiatric facility services for individuals under 21 years of age---not provided

16. Nurse-midwife Services - not provided

17. Hospice---not provided

18. **Off-Island Care and Procedures Not Available on American Samoa**

Patients referred for off-island diagnostic and therapeutic procedures not available on island, are handled in accordance with the policies and procedures of the LBJ Tropical Medical Center's Off-island Medical Referral Program (OMRP). To qualify for off-island medical referral, the patient must meet one of the categories set forth in ASCA 13.0602 "Persons Entitled to free medical attention." Those categories include:

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1. All American Samoans, including those who are not American Samoans but are married to an American Samoan and their children if they are residing in American Samoa at the time the medical attention is rendered;
2. Non-American Samoans who have legally resided in American Samoa for at least 10 years prior to the time medical attention is rendered;
3. Civil service employees of the United States of America assigned to duty in American Samoa and person who are exempt from payment of medical charges by virtue of contracts with the government and spouses and children of such persons.

The off-island vendor of choice will be determined through collaboration between the Off-Island Referral Committee, the LBJ Administration and the Medicaid Agency. The exceptions are:

1. Medicare patients will be referred to a Medicare participating provider;
2. Stretcher cases (inability to move) will be referred to Hawaii;
3. Charitable Organizations who assume financial responsibility for a case may specify where that case is to be referred;
4. Private Insurance: Commercial plans may direct their members to receive care at participating providers.

For referred patients under Medicaid Program, Medicaid covers for medical and transportation services only. Services may be on an inpatient or outpatient basis depending upon the medical necessity as determined by LBJ OMRP. Transportation includes air travel and needed ambulance service only (Refer to Attachment 3.1-D)

17. a. Impact of Financial Restraints on Ability to provide off-island Care

LBJ Tropical Medical Center's ability to send patients for off-island care is determined by off-island American Samoa Government (ASG) quarterly subsidy.

ATTACHMENT 3.1-D

Attachment 3.1-D lists and describes the manner in which transportation services are provided to individuals presumed to be eligible for Medicaid benefits.

TRANSPORTATION

Transportation is provided by the Medicaid Program when a Medicaid patient has no other means of getting to and from covered medical services.

The following are the methods utilized to assure necessary transportation of patients to and from providers:

1. Air transportation to and from off-island will be provided through scheduled or chartered commercial or military aircraft. Such transportation will be provided to patients and attendants who are authorized by the Off-island Medical Care Referral Committee in accordance with its policies and procedures for deciding the medical necessity for the referral of patients whose diseases are not treatable on-island.

Transportation to and from outer islands of American Samoa will be provided by Medicaid Agency and such transportation will be provided to patients and attendants who are authorized by the Medical Director or his designee of the Department of Health.

Ground transportation in Hawaii will be provided by the American Samoa Liaison Office in Honolulu or by licensed ambulance services. Ground transportation in the Mainland will be provided by licensed ambulance services.

1. For on-island emergency, transportation is provided by American Samoa Government Emergency Medical Services (EMS) Ambulance Service and is free of charge.
2. For on-island non-emergency, transportation for individuals is obtained by the following means:
 - a) Utilizing own vehicles. About 90% to 95% of the families have a car.
 - b) Utilizing bus system. This system provides hourly bus services regularly from 5 a.m. to 9 p.m., seven days a week which is available to the public at a reasonable rate.
 - c) Seeking help from relatives or friends.
6. EMS will also provide medically necessary non-emergency transportation. For example, if an individual is on a stretcher, even if it is not an emergency,

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ambulance transportation for that individual would be provided to receive medical care.

The Medicaid Agency assures that the transportation provided for off-island health services is appropriate and sufficient to reasonably achieve the patient's needs. In addition, the off-island providers utilized by the Medicaid Agency will be all Medicare certified

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